MISSISSIPPI DEPARTMENT OF TRANSPORTATION

Jackson, Mississippi

LABOR QUESTIONNAIRE (FEDERAL-AID PROJECTS)

INFORMATION REGARDING COMPLIANCE WITH FEDERAL LABOR STANDARDS

			Date:		
Project Number(s):			County(s):		
Employee Interviewed:			Employed By:		
Employer Address:	Employer Phone:				Prime Contractor
	Employer Email:				Sub-Contractor
Job Classification:			Hourly Rate:		
Have you seen the wage rates posted on the job site?				Yes	No
What dates have you worked on this project? (approx.) From:				To:	
What other job classifications have you worked in on this project? What was your hourly rate?					
	,				
Do you ever work more than 40 hours a week on this project?				Yes	No
Do you receive time and one half for overtime?				Yes	No
Were you ever underpaid on this project?				Yes	No
If you were underpaid, did you complain to anyone about it?				Yes	No
If you complained, to whom did you complain?					
If you complained, what was done about your co	omplain	t?			
Are you aware of your employer's Equal Employment Opportunity Policy?					No
If "yes", how were you made aware of this	policy?)			
Do you know who the Equal Employment Opportunity Officer is for your employer?				Yes	No
If you have anything further to add, please use t	his spac	ce:			
			Interviewer:		
				Signature	9
				Title	
				ritie	

Note: Retain originals in project file.

When project is release from Maintenance, scan copy to Contract Compliance Officer.